

# NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

**This form to be used for reporting civil and public aircraft accidents and incidents**

## BASIC INFORMATION

### Accident/Incident Location

Nearest City/Place: Cashmere State: WA  
 ZIP: \_\_\_\_\_ Country: USA  
 Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
*(Enter in decimal degrees or degrees:minutes:seconds)*

### Accident/Incident Date/Time

Date: 05/30/2020 Local Time: 1700  
*mm/dd/yyyy* Time Zone: PST

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

## AIRCRAFT INFORMATION

Registration Number: 7159B

Manufacturer: Piper

Model: Tri Pacer PA22

Serial Number: 22-4384

Year of Manufacture: 1956

Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans Make: \_\_\_\_\_  
☐ Original Design

- ☐ IFR-Equipped and Certified  
☐ Commercial Space Flight  
☐ Unmanned Aircraft

Maximum Gross Weight: 1800 lbs

Weight at Time of Accident/Incident: 1400 lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: 2

Number of Engines: 1

### Category of Aircraft

- ☒ Airplane  
☐ Balloon  
☐ Blimp/Dirigible  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift  
☐ Rocket  
☐ Ultralight  
☐ Unknown

### Type of Airworthiness Certificate

*(Check all that apply)*

#### Standard

- ☒ Normal  
☐ Aerobatic  
☐ Balloon  
☐ Commuter  
☐ Transport  
☐ Utility

#### Special

- ☐ Restricted  
☐ Limited  
☐ Provisional  
☐ Special Flight  
☐ Experimental  
☐ Special Light-Sport  
☐ Experimental Light-Sport

- ☐ Certificate of Authorization or Waiver (COA)  
☐ None ☐ Unknown

### Landing Gear

*(Check all that apply)*

☐ Retractable

- ☒ Tricycle ☐ Tailwheel  
☐ Amphibian ☐ High Skid  
☐ Emergency Float ☐ Skid  
☐ Float ☐ Ski  
☐ Hull ☐ Ski/Wheel  
☐ Other Launch/Recovery System  
☐ None ☐ Unknown

### Engine Type *(Select one)*

- ☒ Reciprocating ☐ Liquid Rocket  
☐ Turbo Shaft ☐ Solid Rocket  
☐ Turbo Prop ☐ Hybrid Rocket  
☐ Turbo Jet ☐ None  
☐ Turbo Fan ☐ Unknown  
☐ Electric

### Fuel System Type *(Reciprocating)*

- ☒ Carburetor ☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power <input type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>Lycoming</u>	<u>O360A1A</u>						
Eng. 2								
Eng. 3								
Eng. 4								

### Last Inspection Type

- ☐ 100-Hour ☐ Continuous Airworthiness  
☐ AAIP ☐ Conditional Inspection  
☒ Annual ☐ Unknown

Date Last Inspection: \_\_\_\_\_  
*mm/dd/yyyy*

Airframe Total Time: \_\_\_\_\_ hrs

hours measured at *(Select one)*

- ☐ Last Inspection ☐ Time of Accident/Incident

### Type of Maintenance Program *(Select one)*

- ☒ Annual  
☐ Conditional (Amateur-built only)  
☐ Manufacturer's Inspection Program  
☐ Other Approved Inspection Program (AAIP)  
☐ Continuous Airworthiness  
☐ Other, specify: \_\_\_\_\_

### Description of Fire Extinguishing System

- ☐ None  
☒ Specify: fire extinguisher

### Propeller 1

- ☒ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

### Propeller 2

- ☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

ELT Installed: ☐ Yes ☐ No

If Yes:

ELT Manufacturer: \_\_\_\_\_

Model or Part No.: \_\_\_\_\_

TSO No.: ☐ C91 (121.5 MHz) ☐ C91a (121.5 MHz)  
☐ C126 (406 MHz)

Was ELT still mounted in aircraft? ☐ Yes ☐ No

Was ELT still connected to antenna? ☐ Yes ☐ No

Did ELT Activate? ☐ Yes ☐ No

If activated:

Did ELT Aid in Locating Aircraft? ☐ Yes ☒ No

If not activated:

- Indicate Reason: ☐ Impact Damage  
☐ Fire Damage  
☐ Battery Expired/Damaged  
☒ Unknown

### Additional Equipment *(Check all that apply)*

- ☒ ADS-B  
☐ Airframe Parachute  
☐ Angle of Attack Indicator  
☐ Autopilot  
☐ Data Recorder  
☐ Electronic Flight Bag or Handheld Device  
☐ Electronic Multifunction Display  
☐ Electronic Primary Flight Display  
☐ Handheld GPS  
☐ Heads Up Display  
☐ Onboard Weather  
☐ Satellite Tracking Device  
☐ Stall Warning System  
☐ Video Recording Device  
☐ Other, Specify: \_\_\_\_\_

OWNER/OPERATOR INFORMATION			
<b>Registered Aircraft Owner</b> Name: <u>Mike Hightower and Ann Hightower, co-owners</u> Fractional Ownership Aircraft: <input type="radio"/> Yes <input type="radio"/> No		City: <u>Eureka</u> State: <u>MT</u> ZIP: <u>59917</u> Country: <u>USA</u>	
<b>Operator of Aircraft</b> <input checked="" type="checkbox"/> <i>Same As Registered Owner</i> Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		<input checked="" type="checkbox"/> <i>Same Address as Registered Owner</i> City: _____ State: _____                      ZIP: _____ Country: _____	
<b>Operating Certificates Held</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input type="checkbox"/> On-Demand Air Taxi (FAR 135) <input type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> Commercial Space Transportation Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft	<b>Regulation Flight Conducted Under</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input checked="" type="radio"/> FAR 91    <input type="radio"/> FAR 129    <input type="radio"/> FAR 415  <input type="radio"/> FAR 103   <input type="radio"/> FAR 133   <input type="radio"/> FAR 431  <input type="radio"/> FAR 121   <input type="radio"/> FAR 135   <input type="radio"/> FAR 435  <input type="radio"/> FAR 125   <input type="radio"/> FAR 137   <input type="radio"/> FAR 437 </div> <div style="width: 33%;"> <input type="radio"/> FAR 91 Special Flight  <input type="radio"/> Non-US, Commercial  <input type="radio"/> Non-US, Non-commercial    <input type="radio"/> Public Aircraft <i>(Select one)</i>  <div style="margin-left: 20px;"> <input type="radio"/> Armed Forces  <input type="radio"/> Federal  <input type="radio"/> State  <input type="radio"/> Local </div> <input type="radio"/> Unknown </div> </div>		
<b>Revenue Sightseeing Flight</b> <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Air Medical Flight</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>Revenue Operation for FAR 121, 125, 129, 135</b> <i>(Select one for each group)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Scheduled or Commuter  <input type="radio"/> Non-Scheduled or Air Taxi </div> <div> <input type="radio"/> Domestic  <input type="radio"/> International </div> </div> <input type="radio"/> Passenger <input type="radio"/> Cargo <input type="radio"/> Mail Contract Only			
<b>Purpose of Flight for FAR 91, 103, 133, 137</b> <i>(Select one)</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="radio"/> Aerial Application  <input type="radio"/> Aerial Observation  <input type="radio"/> Air Drop  <input type="radio"/> Air Race/Show  <input type="radio"/> Banner Tow  <input type="radio"/> Business  <input type="radio"/> Executive/Corporate  <input type="radio"/> External Load  <input type="radio"/> Ferry </div> <div style="width: 33%;"> <input type="radio"/> Firefighting  <input type="radio"/> Flight Test  <input type="radio"/> Glider Tow  <input type="radio"/> Instructional  <input type="radio"/> Other Work Use  <input checked="" type="radio"/> Personal  <input type="radio"/> Positioning  <input type="radio"/> Skydiving </div> <div style="width: 33%;"> <input type="radio"/> Unknown </div> </div>			
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>Cashmee-Drydenm</u> Airport Identifier: <u>8S2</u> Proximity to Airport: <input checked="" type="radio"/> Off Airport/Airstrip <input type="radio"/> On Airport/Airstrip <input type="radio"/> N/A		Distance From Airport Center: <u>1/2</u> sm Direction From Airport: <u>North</u> degrees true Airport Elevation: <u>858</u> ft. msl	
<b>Runway Information</b> Runway ID: <u>7</u> (L/R/C) Length: <u>1800</u> ft Width: <u>50</u> ft		<b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input checked="" type="checkbox"/> Dry  <input type="checkbox"/> Holes  <input type="checkbox"/> Ice Covered  <input type="checkbox"/> Rough  <input type="checkbox"/> Rubber Deposits  <input type="checkbox"/> Slush-Covered </div> <div style="width: 33%;"> <input type="checkbox"/> Snow-Compacted  <input type="checkbox"/> Snow-Crusted  <input type="checkbox"/> Snow-Dry  <input type="checkbox"/> Snow-Wet  <input type="checkbox"/> Soft  <input type="checkbox"/> Vegetation </div> <div style="width: 33%;"> <input type="checkbox"/> Water-Calm  <input type="checkbox"/> Water-Choppy  <input type="checkbox"/> Water-Glassy  <input type="checkbox"/> Wet  <input type="checkbox"/> Unknown </div> </div>	
<b>Runway/Landing Surface</b> <i>(Check all that apply)</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input checked="" type="checkbox"/> Asphalt  <input type="checkbox"/> Concrete  <input type="checkbox"/> Dirt </div> <div style="width: 25%;"> <input type="checkbox"/> Grass/Turf  <input type="checkbox"/> Gravel  <input type="checkbox"/> Ice </div> <div style="width: 25%;"> <input type="checkbox"/> Macadam  <input type="checkbox"/> Metal/Wood  <input type="checkbox"/> Snow </div> <div style="width: 25%;"> <input type="checkbox"/> Water  <input type="checkbox"/> Unknown </div> </div>			
<b>Approach/Departure Segment</b> <i>(Select one)</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input type="radio"/> Taxi  <input type="radio"/> Takeoff  <input checked="" type="radio"/> Initial Climb </div> <div style="width: 25%;"> <input type="radio"/> VFR Departure  <input type="radio"/> IFR Departure Procedure/Clearance </div> <div style="width: 25%;"> <input type="radio"/> On Instrument Approach  <input type="radio"/> Landing </div> <div style="width: 25%;"> <input type="radio"/> Downwind  <input type="radio"/> Base  <input type="radio"/> Final  <input type="radio"/> Crosswind </div> <div style="width: 25%;"> <input type="radio"/> Low Approach  <input type="radio"/> Go Around  <input type="radio"/> Aborted Landing (after touchdown)  <input type="radio"/> Unknown </div> </div>			
<b>IFR Approach</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input type="checkbox"/> ADF/NDB  <input type="checkbox"/> SDF  <input type="checkbox"/> VOR/TVOR  <input type="checkbox"/> VOR/DME  <input type="checkbox"/> TACAN </div> <div style="width: 25%;"> <input type="checkbox"/> PAR  <input type="checkbox"/> Sidestep  <input type="checkbox"/> ILS  <input type="checkbox"/> Localizer Only  <input type="checkbox"/> LOC-back course  <input type="checkbox"/> RNAV </div> <div style="width: 25%;"> <input type="checkbox"/> MLS  <input type="checkbox"/> LDA  <input type="checkbox"/> ASR  <input type="checkbox"/> Visual  <input type="checkbox"/> Contact  <input type="checkbox"/> Circling </div> <div style="width: 25%;"> <input type="checkbox"/> Practice  <input type="checkbox"/> GPS    <input type="checkbox"/> Unknown </div> </div>		<b>VFR Approach</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Traffic Pattern  <input type="checkbox"/> Straight-In  <input type="checkbox"/> Valley/Terrain Following  <input type="checkbox"/> Go Around  <input type="checkbox"/> Full Stop </div> <div style="width: 50%;"> <input type="checkbox"/> Stop and Go  <input type="checkbox"/> Touch and Go  <input type="checkbox"/> Simulated Forced Landing  <input type="checkbox"/> Forced Landing  <input type="checkbox"/> Precautionary Landing    <input type="checkbox"/> Unknown </div> </div>	

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																													
<b>"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident</b> <input checked="" type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew																																																																																																													
<b>"Flight Crewmember 1" was pilot flying</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																													
<b>"Flight Crewmember 1" Identification</b> First Name: <u>Michael</u> City of Residence: <u>Eureka</u> Middle Initial: <u>L</u> State: <u>MT</u> ZIP: <u>59917</u> Last Name: <u>Hightower</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>57</u> Date of Birth: <span style="background-color: black; color: black;">[REDACTED]</span> <i>mm/dd/yyyy</i> Certificate Number: <span style="background-color: black; color: black;">[REDACTED]</span>																																																																																																													
<b>Degree of Injury</b> <input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious		<b>Seat Occupied</b> <input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single		<b>Restraint Type</b> <table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td> <input type="radio"/> None  <input type="radio"/> Lap only  <input checked="" type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown               </td> <td> <input type="radio"/> None  <input type="radio"/> Lap only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown               </td> </tr> </table>			Available	Used	<input type="radio"/> None <input type="radio"/> Lap only <input checked="" type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<b>Inflatable Restraints</b> <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown																																																																																																		
Available	Used																																																																																																												
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<b>Pilot Certificate(s)</b> <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Flight Instructor</td> <td><input checked="" type="checkbox"/> Commercial</td> <td><input type="checkbox"/> US Military</td> </tr> <tr> <td><input type="checkbox"/> Private</td> <td><input type="checkbox"/> Recreational</td> <td><input type="checkbox"/> Airline Transport</td> <td><input type="checkbox"/> Foreign</td> </tr> <tr> <td><input type="checkbox"/> Student</td> <td><input type="checkbox"/> Sport</td> <td><input type="checkbox"/> Flight Engineer</td> <td></td> </tr> </table>				<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> US Military	<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Foreign	<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="checkbox"/> Flight Engineer		<b>Medical Certificate Validity</b> <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance			<b>Date of Last Medical</b> <u>01/01/2021</u> <i>mm/dd/yyyy</i>																																																																																										
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<b>Principal Occupation</b> <input checked="" type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown		<b>Medical Certificate</b> <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input checked="" type="radio"/> Class 2 <input type="radio"/> Unknown			<b>Medical Certificate Limitations</b> Must have available glasses for near vision.																																																																																																								
<b>Medical Certificate Special Issuance</b> None																																																																																																													
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>07/17/2019</u> <i>mm/dd/yyyy</i>				<b>Flight Review Aircraft</b> Make: <u>Hughes</u> Model: <u>369</u>																																																																																																									
<b>Airplane Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instrument Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instructor Rating(s)</b> <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <td> <input type="checkbox"/> None  <input type="checkbox"/> Airplane Single-Engine  <input type="checkbox"/> Airplane Multi-Engine  <input type="checkbox"/> Gyroplane  <input type="checkbox"/> Powered Lift               </td> <td> <input type="checkbox"/> Instrument Airplane  <input type="checkbox"/> Instrument Helicopter  <input type="checkbox"/> Helicopter  <input type="checkbox"/> Glider  <input type="checkbox"/> Sport               </td> </tr> </table>					<input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift	<input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport																																																																																																	
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<b>Type Ratings</b>						<b>Student Endorsements</b> <i>(Include dates)</i>																																																																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Flight Time <i>(Enter appropriate number of hours in each box)</i></th> <th style="text-align: center;">All Aircraft</th> <th style="text-align: center;">This Make &amp; Model</th> <th style="text-align: center;">Airplane Single Engine</th> <th style="text-align: center;">Airplane Multiengine</th> <th style="text-align: center;">Night</th> <th colspan="2" style="text-align: center;">Instrument</th> <th style="text-align: center;">Rotorcraft</th> <th style="text-align: center;">Glider</th> <th style="text-align: center;">Lighter Than Air</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th style="text-align: center;">Actual</th> <th style="text-align: center;">Simulated</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td style="text-align: center;">16,000</td> <td style="text-align: center;">200</td> <td style="text-align: center;">300</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td style="text-align: center;">15,600</td> <td style="text-align: center;">200</td> <td style="text-align: center;">275</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td style="text-align: center;">204</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td style="text-align: center;">10</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air							Actual	Simulated				Total Time	16,000	200	300								Pilot in Command (PIC)	15,600	200	275								Time as Instructor	0	0	0								This Make/Model											Last 90 Days	204	0	0								Last 30 Days	10	0	0								Last 24 Hours	0	0	0							
Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air																																																																																																			
						Actual	Simulated																																																																																																						
Total Time	16,000	200	300																																																																																																										
Pilot in Command (PIC)	15,600	200	275																																																																																																										
Time as Instructor	0	0	0																																																																																																										
This Make/Model																																																																																																													
Last 90 Days	204	0	0																																																																																																										
Last 30 Days	10	0	0																																																																																																										
Last 24 Hours	0	0	0																																																																																																										

<b>“FLIGHT CREWMEMBER 2” INFORMATION</b>											
<b>“Flight Crewmember 2” Responsibilities at the Time of Accident/Incident</b> <input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew											
<b>“Flight Crewmember 2” was pilot flying</b> <input type="checkbox"/> Yes <input type="checkbox"/> No											
<b>“Flight Crewmember 2” Identification</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           First Name: _____            Middle Initial: _____            Last Name: _____         </div> <div style="width: 45%;">           City of Residence: _____            State: _____    ZIP: _____            Country: _____         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">Age at time of Accident/Incident: _____</div> <div style="width: 45%;">Date of Birth: _____ mm/dd/yyyy</div> </div> <div style="text-align: center; margin-top: 5px;">Certificate Number: _____</div>											
<b>Degree of Injury</b> <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious		<b>Seat Occupied</b> <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single		<b>Restraint Type</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>Available</b>  <input type="radio"/> None  <input type="radio"/> Lap only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown             </div> <div style="width: 45%;"> <b>Used</b>  <input type="radio"/> None  <input type="radio"/> Lap only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown             </div> </div>			<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown				
<b>Pilot Certificate(s)</b> <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> None  <input type="checkbox"/> Private  <input type="checkbox"/> Student             </div> <div style="width: 30%;"> <input type="checkbox"/> Flight Instructor  <input type="checkbox"/> Recreational  <input type="checkbox"/> Sport             </div> <div style="width: 30%;"> <input type="checkbox"/> Commercial  <input type="checkbox"/> Airline Transport  <input type="checkbox"/> Flight Engineer             </div> <div style="width: 30%;"> <input type="checkbox"/> US Military  <input type="checkbox"/> Foreign             </div> </div>				<b>Medical Certificate Validity</b> <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance			<b>Date of Last Medical</b> <div style="text-align: center; margin-top: 10px;">_____ mm/dd/yyyy</div>				
<b>Principal Occupation</b> <input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown		<b>Medical Certificate</b> <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown		<b>Medical Certificate Limitations</b> <div style="height: 40px;"></div>			<b>Medical Certificate Special Issuance</b> <div style="height: 40px;"></div>				
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ mm/dd/yyyy				<b>Flight Review Aircraft</b> Make: _____ Model: _____			<b>Airplane Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea				
<b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instrument Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instructor Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift			<input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport				
<b>Type Ratings</b> <div style="height: 40px;"></div>						<b>Student Endorsements</b> <i>(Include dates)</i> <div style="height: 40px;"></div>					
<b>Flight Time</b> <i>(Enter appropriate number of hours in each box)</i>		All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	<b>Instrument</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Actual</div> <div style="width: 45%;">Simulated</div> </div>		Rotorcraft	Glider	Lighter Than Air

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)							
<b>Crew Name and Address</b> First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			<b>Seat Occupied</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Left  <input type="radio"/> Center  <input type="radio"/> Right               </div> <div> <input type="radio"/> Front  <input type="radio"/> Rear  <input type="radio"/> Single  <input type="radio"/> Unknown               </div> </div>		<b>Injury</b> <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown		
<b>Pilot Certificate(s)</b> (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> None  <input type="checkbox"/> Private  <input type="checkbox"/> Student               </div> <div style="width: 33%;"> <input type="checkbox"/> Flight Instructor  <input type="checkbox"/> Recreational  <input type="checkbox"/> Sport               </div> <div style="width: 33%;"> <input type="checkbox"/> Commercial  <input type="checkbox"/> Airline Transport  <input type="checkbox"/> Flight Engineer               </div> <div style="width: 33%;"> <input type="checkbox"/> US Military  <input type="checkbox"/> Foreign               </div> </div>			<b>Restraint Type:</b> <div style="display: flex; justify-content: space-between;"> <div> <b>Available</b>  <input type="radio"/> None  <input type="radio"/> Lap Only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown               </div> <div> <b>Used</b>  <input type="radio"/> None  <input type="radio"/> Lap Only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown               </div> </div>		<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown		
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs					
<b>Crew Name and Address</b> First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			<b>Seat Occupied</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Left  <input type="radio"/> Center  <input type="radio"/> Right               </div> <div> <input type="radio"/> Front  <input type="radio"/> Rear  <input type="radio"/> Single  <input type="radio"/> Unknown               </div> </div>		<b>Injury</b> <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown		
<b>Pilot Certificate(s)</b> (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> None  <input type="checkbox"/> Private  <input type="checkbox"/> Student               </div> <div style="width: 33%;"> <input type="checkbox"/> Flight Instructor  <input type="checkbox"/> Recreational  <input type="checkbox"/> Sport               </div> <div style="width: 33%;"> <input type="checkbox"/> Commercial  <input type="checkbox"/> Airline Transport  <input type="checkbox"/> Flight Engineer               </div> <div style="width: 33%;"> <input type="checkbox"/> US Military  <input type="checkbox"/> Foreign               </div> </div>			<b>Restraint Type:</b> <div style="display: flex; justify-content: space-between;"> <div> <b>Available</b>  <input type="radio"/> None  <input type="radio"/> Lap Only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown               </div> <div> <b>Used</b>  <input type="radio"/> None  <input type="radio"/> Lap Only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown               </div> </div>		<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown		
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs					
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)							
<b>Name and Address</b> First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other           </div>		<b>Seat</b> <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<b>Injury</b> <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Restraint Type</b> <div style="display: flex; justify-content: space-between;"> <div> <b>Available</b>  <input type="radio"/> None  <input type="radio"/> Lap Only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown               </div> <div> <b>Used</b>  <input type="radio"/> None  <input type="radio"/> Lap Only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown               </div> </div>		<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<b>Age</b> <input type="checkbox"/> Under 5 years <i>If Under 5,</i> <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
<b>Name and Address</b> First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other           </div>		<b>Seat</b> <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<b>Injury</b> <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Restraint Type</b> <div style="display: flex; justify-content: space-between;"> <div> <b>Available</b>  <input type="radio"/> None  <input type="radio"/> Lap Only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown               </div> <div> <b>Used</b>  <input type="radio"/> None  <input type="radio"/> Lap Only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown               </div> </div>		<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<b>Age</b> <input type="checkbox"/> Under 5 years <i>If Under 5,</i> <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
<b>Name and Address</b> First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other           </div>		<b>Seat</b> <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<b>Injury</b> <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Restraint Type</b> <div style="display: flex; justify-content: space-between;"> <div> <b>Available</b>  <input type="radio"/> None  <input type="radio"/> Lap Only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown               </div> <div> <b>Used</b>  <input type="radio"/> None  <input type="radio"/> Lap Only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown               </div> </div>		<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<b>Age</b> <input type="checkbox"/> Under 5 years <i>If Under 5,</i> <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
<b>Name and Address</b> First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other           </div>		<b>Seat</b> <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<b>Injury</b> <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Restraint Type</b> <div style="display: flex; justify-content: space-between;"> <div> <b>Available</b>  <input type="radio"/> None  <input type="radio"/> Lap Only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown               </div> <div> <b>Used</b>  <input type="radio"/> None  <input type="radio"/> Lap Only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown               </div> </div>		<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<b>Age</b> <input type="checkbox"/> Under 5 years <i>If Under 5,</i> <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown

FLIGHT ITINERARY INFORMATION						
<b>Last Departure Point</b> Airport ID: <u>8S2</u> City: <u>Cashmere</u> State: <u>Washington</u> Country: <u>USA</u>		<b>Time of Departure</b> Time: <u>1700</u> Time Zone: <u>PST</u>		<b>Destination</b> Airport ID: <u>KEAT</u> City: <u>Wematchee</u> State: <u>Washington</u> Country: <u>USA</u>		<b>Type Flight Plan Filed</b> <input checked="" type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
<b>Type of ATC Clearance/Service</b> (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input checked="" type="checkbox"/> None</div> <div style="width: 33%;"><input type="checkbox"/> Special VFR</div> <div style="width: 33%;"><input type="checkbox"/> Special IFR</div> <div style="width: 33%;"><input type="checkbox"/> VFR Flight Following</div> <div style="width: 33%;"><input type="checkbox"/> Cruise</div> <div style="width: 33%;"><input type="checkbox"/> VFR</div> <div style="width: 33%;"><input type="checkbox"/> IFR</div> <div style="width: 33%;"><input type="checkbox"/> VFR On Top</div> <div style="width: 33%;"><input type="checkbox"/> Traffic Advisory</div> <div style="width: 33%;"><input type="checkbox"/> Unknown / NA</div> </div>						
<b>Airspace where the accident/incident occurred</b> (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Class A</div> <div style="width: 33%;"><input checked="" type="checkbox"/> Class G</div> <div style="width: 33%;"><input type="checkbox"/> Military Operations Area (MOA)</div> <div style="width: 33%;"><input type="checkbox"/> Special</div> <div style="width: 33%;"><input type="checkbox"/> Class B</div> <div style="width: 33%;"><input type="checkbox"/> Demo Area</div> <div style="width: 33%;"><input type="checkbox"/> Airport Advisory Area</div> <div style="width: 33%;"><input type="checkbox"/> Air Traffic Control Area</div> <div style="width: 33%;"><input type="checkbox"/> Class C</div> <div style="width: 33%;"><input type="checkbox"/> Warning Area</div> <div style="width: 33%;"><input type="checkbox"/> Jet Training Area</div> <div style="width: 33%;"><input type="checkbox"/> Unknown</div> <div style="width: 33%;"><input type="checkbox"/> Class D</div> <div style="width: 33%;"><input type="checkbox"/> Prohibited Area</div> <div style="width: 33%;"><input type="checkbox"/> TRSA</div> <div style="width: 33%;"></div> <div style="width: 33%;"><input type="checkbox"/> Class E</div> <div style="width: 33%;"><input type="checkbox"/> Restricted Area</div> <div style="width: 33%;"><input type="checkbox"/> FAR 93</div> </div>					<b>Altitude of In-Flight Occurrence:</b> <u>250</u> ft msl	
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE						
<b>Source of Pilot Weather Information</b> (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input type="checkbox"/> None <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown <input type="checkbox"/> On-Board Weather			<b>Weather Observation Facility</b> Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true			
<b>Basic Conditions</b> <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown		<b>Light Condition</b> <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night				
<b>Sky/Lowest Cloud Condition</b> <input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered <b>Lowest Cloud Condition Height</b> _____ ft agl		<b>Ceiling</b> <input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured <input type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown <b>Ceiling Height</b> _____ ft agl		<b>Temperature:</b> _____ (C) or <u>70</u> (F) <b>Dew Point:</b> _____ (C) or _____ (F) <b>Altimeter Setting:</b> <u>2992</u> in. Hg or _____ MB		
<b>Wind Direction</b> <input checked="" type="checkbox"/> Variable -or- Direction: _____ degrees true	<b>Wind Speed</b> <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: _____ kts	<b>Wind Gusts</b> <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts	<b>Visibility</b> <u>100</u> miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> _____ ft			
<b>Intensity of Precipitation</b> <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown	<b>Type of Precipitation</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals		<b>Restriction to Visibility</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown			
<b>Icing Forecast</b> <div style="display: flex;"> <div style="flex: 1;"> <b>Amount</b>  <input checked="" type="radio"/> None  <input type="radio"/> Trace  <input type="radio"/> Light  <input type="radio"/> Moderate  <input type="radio"/> Severe  <input type="radio"/> Unknown               </div> <div style="flex: 1;"> <b>Type</b>  <input type="radio"/> N/A  <input type="radio"/> Rime  <input type="radio"/> Clear  <input type="radio"/> Mixed  <input type="radio"/> Unknown               </div> </div>		<b>Icing Actual</b> <div style="display: flex;"> <div style="flex: 1;"> <b>Amount</b>  <input checked="" type="radio"/> None  <input type="radio"/> Trace  <input type="radio"/> Light  <input type="radio"/> Moderate  <input type="radio"/> Severe  <input type="radio"/> Unknown               </div> <div style="flex: 1;"> <b>Type</b>  <input type="radio"/> N/A  <input type="radio"/> Rime  <input type="radio"/> Clear  <input type="radio"/> Mixed  <input type="radio"/> Unknown               </div> </div>		<b>Turbulence</b> <b>Type</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence <b>Severity</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme		
<b>NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b> <u>Unknown.</u>						

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY****Aircraft Damage**

- ☐ None      ☐ Substantial  
☐ Minor      ☐ Destroyed  
☒ Unknown

**Aircraft Fire**

- ☒ None      ☐ Both Ground and In-Flight  
☐ In-Flight      ☐ Fire at Unknown Time  
☐ On-Ground      ☐ Unknown

**Aircraft Explosion**

- ☒ None      ☐ Both Ground and In-Flight  
☐ In-Flight      ☐ Explosion at Unknown Time  
☐ On-Ground      ☐ Unknown

**Description of Damage to Aircraft and Other Property** *(Use additional sheet if necessary)*

Unknown at this time and No damage to other property.

**NARRATIVE HISTORY OF FLIGHT** *(Please type or print in ink)*

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and location, services obtained, and intended destination. Provide as much detail as possible.

RECOMMENDATION (How could this accident/incident have been prevented?)							
Operator/Owner Safety Recommendation Unknown.							
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)							
Was there Mechanical Malfunction/Failure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i> Engine lost power			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 5px;">Total Time/Cycles On Part</th> </tr> <tr> <td style="padding: 5px;">           1.5 _____ Hours            _____ Cycles         </td> </tr> <tr> <th style="text-align: left; padding: 5px;">Time Since This Part Inspected/Overhauled</th> </tr> <tr> <td style="padding: 5px;">           1.5 _____ Hours         </td> </tr> </table>	Total Time/Cycles On Part	1.5 _____ Hours _____ Cycles	Time Since This Part Inspected/Overhauled	1.5 _____ Hours
Total Time/Cycles On Part							
1.5 _____ Hours _____ Cycles							
Time Since This Part Inspected/Overhauled							
1.5 _____ Hours							
FUEL & SERVICES INFORMATION							
<b>Fuel on Board at Last Takeoff</b> <i>(Convert from pounds, as necessary)</i> 12 _____ Gallons	<b>Fuel Type</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="radio"/> 80/87  <input checked="" type="radio"/> 100 Low Lead  <input type="radio"/> 100/130             </div> <div style="width: 50%;"> <input type="radio"/> 115/145  <input type="radio"/> Jet A  <input type="radio"/> Jet A-1             </div> <div style="width: 50%;"> <input type="radio"/> Jet B  <input type="radio"/> JP8  <input type="radio"/> Automotive             </div> <div style="width: 50%;"> <input type="radio"/> Other, specify _____             </div> </div>						
<b>Other Services, if Any, Prior to Departure</b> None.							
EVACUATION OF AIRCRAFT							
Was an emergency evacuation of the aircraft performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Method of Exit</b> – Describe how the occupants exited and how many occupants evacuated each location Unlatched the co pilot window and exited.							
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for <i>other</i> aircraft)							
<b>Aircraft Registration Number</b> _____	<b>Manufacturer:</b> _____ <b>Model:</b> _____		<b>Damage to Other Aircraft</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None				
<b>Registered Owner of Other Aircraft</b> Name: _____ City: _____ State: _____ ZIP: _____ Country: _____		<b>Pilot of Other Aircraft</b> Name: _____ City: _____ State: _____ ZIP: _____ Country: _____					



**ADDITIONAL INFORMATION (Please type or print in ink)**

Use this space if additional space is needed for any answers.

Sunday May 30th, Cashmere-Dryden Airport (8S2). Approximate time 1700 hours PST.

Aircraft N7159B, 1956 Piper Tripacer

Pilot-in-Command: Mike Hightower, (sole occupant).

Commercial certificate [REDACTED]

Conditions of flight. Day VFR with calm winds.

Day vfr flight. Cashmere-Dryden (8S2) direct KEAT Pangborn airport Wenatchee Washington. Approximate ten minute flight. Added 5 extra gallons of fuel to starboard wing for a total of over a half tank of fuel (12 gallons) for the starboard wing, fuel cap secured. Prior to flight a preflight was performed. Preflight consisted of a thorough examination of all systems and security of those systems starting with the nose cone and propeller. Nose wheel/tire and strut for condition and security. Cowlings and engine and engine peripherals. Throttle rigging checks and carburetor heat rigging checks.. Gascolator check and fuel sample. Oil dipstick check. All engine cowlings secured. Starboard wing to include wing struts, control surfaces and flaps for condition and security, freedom and correctness of movement. Fuel sample taken. Wheel and tire and brake and attachment of assembly. Check starboard fuselage for damage and empennage group for freedom of movement and correctness and coupling. Port side checks all the same. Preflight complete. Push aircraft out of hangar. Secure equipment for flight and a final walk around was done. Entering the pilots seat. Fuel selector to starboard wing/right wing. Gauges, static indications, range markings, any slippage marks and correctness. Overhead trim indicator set for takeoff and all switches and circuit breakers set. Shoulder harness and seatbelts are put on and properly adjusted. Battery switch on, magneto set for left magneto and throttle set for start. Primer used and three pumps were accomplished and primer secured. Start engine with a smooth quick start. Both mags selected. Oil pressure checked and normal. Throttle set to 1050 rpm with a smooth idle. Radios on and set. Idled for almost five minutes getting the radios set and general housekeeping in the cockpit. At this point I was comfortable with the engine indications and used break away power for taxi. Normal. Entered the taxiway from the east end and did a brisk taxi to the west run up area along with brake checks and front strut checks. Did a normal run up. Magneto checks were normal with less than +- 50 rpm difference. Brought engine rpm up to 2100 rpm and adjusted mixture to lean and above lean until a noticeable decrease of RPM and then readjusted mixture to full rich and once again set mixture for take off. Back to idle. Call made in the blind. Enter runway 7. Aligned and ready I accelerated quickly to take off rpm and then reduced throttle to idle. Brake checks were made and nose strut check. Hard final brake checks were made prior to exiting runway 7 for the taxiway. Normal. Full stop on taxiway to idle and check gauges. Normal. Taxi back to the run up area with a stop at the hangar to get a couple quarts of oil (for the planned next cross country leg after Pangborn), while idling. Picked up the additional quarts and continued to taxi to the run up area. Brakes held and a smooth acceleration to about 2100 RPM and then back to idle,. Prior to taking runway 7 I did a final ramp check for oil or fluids. Nothing noted. On runway 7 and aligned with brakes held I did a smooth brisk acceleration while releasing the brakes. Accelerating to takeoff speed and climbing out with normal indications. Normal climb out and smooth engine. About 250 maybe 300 feet into the climb and a short distance from the runway the engine decelerated smoothly to idle. No sputtering or backfire noises. I immediately leveled the aircraft and started a left hand turn and checked throttle and mixture settings. Full forward. This deceleration lasted just a few seconds when the engine re-accelerated smoothly back to a higher RPM than idle but not to full RPM. This re-acceleration lasted for a brief moment and again decelerated and the engine lost all power. Continuing to make a left turn I made a controlled decent to a landing area.(add) Terrain is urban with hillsides surrounding the area). I placed the battery to the off position and exited the aircraft. Emergency services were on scene with in a few minutes.

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**

Date of this Report

06/06/2021

mm/dd/yyyy

Name of Pilot/Operator: Michael Hightower

Signature: \_\_\_\_\_

-- or --

☒ Check here to electronically sign this document

**If a Person Other than Pilot/Operator is Filing Report**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

-- or --

☐ Check here to electronically sign this document

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.  
WPR21LA213

Reviewed by NTSB Regional Office  
WPR

Name of Investigator  
Zoë Keliher

Date Report Received  
06/12/21